Attorney Docket No.: CSI-2015

RECENTION OF LEINER

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CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence and the accompanying documents are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313, on June 23, 2004.

In re Application of:

Nguyen, et al.

Serial No.: 09/828,335

Filing Date: April 5, 2001

Title: MULTIPLE LOOP TISSUE CONNECTOR APPARATUS AND

METHODS

Examiner: U. Ho

Group Art Unit: 3731

TRANSMITTAL

Mail Stop Amendment Commissioner for Patents Alexandria, VA 22313

Sir:

Transmitted herewith are the following:

- 1. Three-month Extension of Time Request (2 pgs)
- 2. Fee Transmittal (1 pg)
- 3. Amendment (7 pgs)
- Supplemental Information Disclosure Statement (3 pgs) 4.
- 5. Substitute Form 1449A (1 pg) with a copy of cited references 1-2
- 6. Check for \$655.00
- Return Postcard 7.
- Authorization to charge the \$* fee for the * to Deposit Account No. 50-1947 is provided on the Fee Transmittal. A duplicate copy of that document is enclosed for that purpose.

- [] The Commissioner is hereby authorized to charge any fees required by this document to Deposit Account No. 50-1947 referencing Attorney Docket No. *. A duplicate copy of this sheet is enclosed.
- [X] The Commissioner is hereby authorized to charge any <u>additional</u> fees which may be required, or credit any <u>overpayment</u>, to Deposit Account No. <u>50-1947</u>, referencing Attorney Docket No. <u>CSI-2015</u>.

Respectfully submitted,

Date: June 23, 2004

Registration No. 32,818

LAW OFFICE OF HARRY J. MACEY

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Telephone: 650.654.9555 Facsimile: 650.654.9554

PTO/SB/17 (10-03)
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Undathe Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number											
TRANSMITTAL					Complete if Known						
LANSWIIIAL					Application Number				09/828,335		
for FY 2004					Filing Date			Apr	April 5, 2001		
101112004					First Named Inventor			Joh	John D. Nguyen		
Effective 10/01/2003. Patent fees are subject to annual revision.					Examiner Name			U. F	U. Ho		
☑ Applicant daims small entity status. See 37 CFR 1.27					Art Unit			373	3731		
TOTAL AMOUNT OF PAYMENT (\$) 655.00					Attorney Docket No. CSI-2015						
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
M Chock					3. ADDITIONAL FEES						
☐ Deposit Account:											
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Number	J-1847			┢			<u> </u>			Fee Paid	
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The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments					50	2052		Surcharg cover she	e – late provisional filing fee or eet		
☑ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17.					130	1053	130	Non-Engl	ish specification		
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FEE CALCULATION					1,840	1805			ng publication of SIR after		
BASIC FILING FEE Large Entity Small Entity					.,070	1000		Examiner			
Fee Fee	<u>Fee Fee</u>	Fee Description	Fee Paid	1251	110	2251	55	Extension	for reply within first month		
	Code (\$) 2001 385	Utility filing fee		1252	420	2252			for reply within second month	475.00	
	2002 170	Design filing fee		1253	950	2253			for reply within third month	4/5.00	
1003 530	2003 265	Plant filing fee		1254 1255	1,480	2254 2255			for reply within fourth month		
1004 770	2004 385	Reissue filing fee		1401	2,010 330	2401	165	Notice of	n for reply within fifth month	<u> </u>	
1005 160	2005 80	Provisional filing fee		1402	330	2402	165	Filing a b	rief in support of an appeal		
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1201 86 2201	43	Independent claims in exce	ss of 3						times number of properties)		
1203 290 2203	145	Multiple dependent claim, if	· ·	1809	770	2809			ubmission after final rejection § 1.129(a))		
1204 86 2204	43	** Reissue independent clai over original patent		1810	770	2810			additional invention to be (37 CFR § 1.129(b))		
1205 18 2205	9	** Reissue claims in excess and over original patent	0, 20	1801	770	2801			or Continued Examination (RCE)		
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**or number previously paid, if greater, For Reissues, see above. Other fee (specify)											
			ced by 8	lasic Filin	g Fee F	Paid	SUBTOTAL (3) (\$)	655.00			
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(Attorney/Agent) 650-654-9555 Name (Print/Type) Telephone June 23, 2004 Signature

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